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DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF

EDNA L. FOLEY, R.N.

[To keep this department up-to-date and helpfully interesting, nurses in social work of every description and superintendents of district nursing associations are asked to put the address of its editor—104 South Michigan Avenue, Chicago—on their mailing files for items, clippings, and annual reports.]

“STANDING ORDERS”

Letters, interviews, and clippings (far too few of these), and questions are the welcome gifts of this Department to its editor, and most frequently the information desired by nurses new in the field is a practical answer to the question, “How may we co-operate with local physicians when they don’t meet us half way?” Nurses in small towns should not ask this question as if they believed their localities had a monopoly in difficult physicians, for there are some unique followers of Esculapius in every community, and these all need to be taught the application of social service first-aid in the homes of the sick poor. On the other hand, a good visiting nurse is always comforted by the fact that her work is backed and commended by the best physicians everywhere, whose aid and advice she may always obtain for the asking. Some physicians, however, leave so much to the nurse’s discretion, while others leave so little, that it is sometimes difficult to choose the safe and happy medium. There was once an old practitioner in a Massachusetts town, who complained bitterly that “the nurse took the temperature, pulse and respiration, opened the windows and put the pneumonia patient on a milk diet, and left nothing for the doctor to do;” while a young surgeon in a near-by city, assured his class of pupil-nurses that “they should be prepared for any emergency in private duty, even to giving an intravenous or to re-ligating slipped abdominal sutures.”

Because there are so many men of many minds and divers medical training in a big city, the Chicago Visiting Nurse Association has prepared the following list of standing orders for the nurses on the staff, which it hopes to have approved by the Chicago Medical Association, and then put into general use. It has already been revised and approved by three physicians whose long experience, in working among the poor, has taught them the value of this plan.

The rules—if approved by the Chicago Medical Association—will

be printed and distributed to the members of the County Physicians' Staff, who do most of the medical work in the homes of the poor. They will be carried in the nurses' bags, and be given or sent to every physician carrying free cases. The rules will not be followed unless the attending physician signifies his approval.

In this way, more thorough care can be given, without delay, to every patient and the attending physicians will be spared a good deal of repetition in writing their orders. No medication, not even castor oil, is included in this list for obvious reasons. Baths are included, for many patients who object strenuously to being clean in cold weather, accept a bath philosophically when told that "the doctor ordered it."

STANDING ORDERS

MEDICAL

1. *An Undiagnosed Case Running Temperature*.—Cleansing bath; liquid diet; low S. S. enema, P. R. N. when no abdominal pain or tenderness is present; sponge for R. T. 102.5°.

2. *Sore Throat*.—Gargle and mouth-wash of baking-soda; liquid diet; children to be isolated if possible until physician sees case.

3. *Colds*.—Cleansing bath; low S. S. enema P. R. N.; liquid diet; for adults, plenty of hot water taken frequently.

4. *Pneumonia*.—Cleansing bath; low S. S. enema P. R. N.; sponge for R. T. 102.5°; liquid diet; cold-air treatment, if possible.

5. *Typhoid Fever*.—Cleansing bath; low S. S. enema. P. R. N.; sponge for R. T. 102.5°; milk diet. Emphasize need of plenty of fresh air and cold drinking water (boiled if possible), and disinfection of stools.

6. *Obstetrical Cases*.—For mother: cleansing bath; local cleansing with lysol solution; abdominal binder; change pads; breast binder. P. R. N.; low S. S. enema. P. R. N. For the baby: Alcohol dressing to cord; oiled and bathed.

7. *Infants and Young Children* ("sick but not diagnosed").—Normal salt flushing, P. R. N.; diet, boiled water for twenty-four hours.

8. *Infectious Diseases*.—Isolation; boric solution for eyes and nostrils, P. R. N.; vaseline or cold cream for lips and nose, P. R. N.; oil rub, P. R. N. for all desquamating cases; liquid diet; sponge for R. T. 102.5°.

9. *Pleurisy*.—Apply tight binder to chest.

10. *Infantile Diarrhœa*.—Normal salt flushing, P. R. N.; no food; boiled water for twenty-four hours.

11. *Infantile Convulsions*.—Same orders as diarrhœa.

SURGICAL

1. *Burn Cases*.—Remove clothing; apply normal salt or boric solution dressings; if severe burn, get into hospital as quickly as possible.

2. *Chronic Ulcers*.—Clean with lysol or boric solution; apply wet boric dressings and firm bandage.

3. *Minor Dressings*.—For cuts, scratches, bruises and infected fingers, apply hot boric packs and refer to dispensary.

4. *Discharging Ears*.—Cleanse the outer ear with moist boric solution swabs; *do not irrigate*; refer to dispensary.

N. B.—Any or all of the above orders may be cancelled or substituted for at any time by the physician on the case who prefers to leave specific written orders in each family. The standing orders are merely suggested as aids to both the physician and the nurses, and will be carried out when no other orders are left. Nurses will communicate with the physicians by telephones whenever possible, but sometimes this is very difficult, and the above orders may serve for the interim. In all of these cases, careful instructions on the hygiene of the home, with special emphasis on fresh air, a clean sick room and plenty of water for the patient to drink will be given by the nurse.

Discussion of these standing orders is invited from nurses who have met and conquered similar problems elsewhere. The work of the visiting nurses has been so appreciated by the physicians and townspeople, once it has been thoroughly understood that no cases are carried unless under a physician's charge, that the work of co-operation sometimes becomes more firmly cemented because of its slow growth. If it has taken one visiting nurse association twenty-three years to approach the question of standing orders, new associations should not be discouraged because every doctor in the community fails to endorse the new nurse at first sight. It is advisable for a new worker to meet personally, if possible, every physician in her town. This and "patient waiting" both help.

ITEMS

MISSOURI.—A unique system of co-operation in social service work has been developed in St. Louis, where the work, first organized in 1910 for the Children's Hospital alone, was re-organized in ten months as the "Social Service Department of the St. Louis Children's Hospital and the Washington University Hospital." The reason for this very wise step is briefly stated in the first annual report as follows: "The close affiliation of the two hospitals through the medical and nursing departments, and the fact that both hospitals are often treating members of the same family, made this extension of the work not only possible but desirable."

The work at the University Hospital is divided between two departments, the "General" and the "Prenatal," with an assistant in each. To the prenatal worker are assigned all expectant mothers registered at the clinic, and she visits them in their homes to teach them how to carry out the instructions outlined by the obstetricians. At the Children's Hospital the work is general, but a special investigation of crippled children has been undertaken, in the event that the results will be sufficiently startling to arouse interest in planning a school and special training for these little excluded cases. Boston has a wonderful day school for crippled children, Chicago has a school and also a special room in a large public school, both devoted to the needs of crippled children and the Social Service Department in St. Louis is making a preliminary study of five hundred cripples, all candidates for such instruction in that city. At the Children's Hospital, too, all poor cases needing braces are referred to the Social Service Department for financial investigation and as a result, no children are kept waiting for apparatus. In many cases parents who were allowed to pay on the instalment plan, managed to clear their debts in fair season, and in others, various agencies were asked to help. Detailed written records are kept of each patient and all the machinery of other organizations used wherever possible, in order to prevent duplication and to get the patients helped most expeditiously. The report is full of suggestions for other hospital workers, not the least interesting being the supporting affiliations of the whole department. The salary of the head worker is paid jointly by the two hospitals, while the work of the Children's Hospital assistant is supported by the Social Service Bible Class of Pilgrim Congregational Church. The worker is a member of this class and by her weekly reports, keeps its members in very real practical touch with the important work made possible by their interest and co-operation.

The salary of the prenatal worker is met by the combined effort of three Bible classes at the Union Avenue Christian Church and the Alumnae Association of Mary Institute is responsible for the salary of the Washington University Assistant. Built on such a foundation, public interest in the work of the joint department is bound to be maintained in somewhat unusual channels and a larger future assured. In early times the church, and then religious communities, cared for the sick and the disabled, and in supporting hospital social-service work these churches are continuing to perpetuate some of the most splendid traditions of their past. Julia C. Stimson, R.N., is the Director of the joint Social Service Department.

ILLINOIS.—Agnes McCleery, R.N. (West Side Hospital, Chicago),

formerly a tuberculosis nurse, has accepted the position as welfare-worker for a large tailoring establishment in Chicago. In a small folder, distributed in the pay envelopes, the management introduced Miss McCleery to the employees as follows: "For the benefit of our employees we have engaged Miss McCleery, a graduate nurse of experience, who will gladly consult with you during your lunch hour concerning your physical condition as well as that of any member of your family. We will be pleased to send her to the homes of any of our employees who are ill and unable to work. She will co-operate with your physician, or if you wish our physician to call and prescribe in cases where relief is not forthcoming from your doctor, she will attend to it for you. We will take care of the expense of one call or consultation with our physician. Many cases of illness which at first seem trivial, afterward develop into something more serious, solely on account of lack of attention at the start, and as we desire to do everything possible to keep our employees content and well, we gladly assume this expense, knowing that pleasant working conditions cannot be perfect without good health. Cases needing attention at home can secure Miss McCleery by telephoning to either the head of their department or to her direct. Her office is located on the third floor in our main plant at Market and Van Buren Streets. She will also spend a portion of her time on the eighth floor of our Franklin Street building. You will find her ready and willing to advise with you at all times."

This method might well be borrowed for the use of other welfare nurses.

May Middleton, R.N. (Chicago Hospital), has resigned from the staff of the Municipal Tuberculosis Sanitarium Dispensary Department, and has accepted the position of superintendent of nurses for Sears, Roebuck & Co. Miss Middleton has been head nurse of the tuberculosis clinic at the Jewish Aid Dispensary for nearly five years and leaves thousands of friends in her old district.

CONNECTICUT.—A most successful "first night" of the "College Hero" seems to assure goodly receipts for the Hartford Visiting Nurse Association, for whose benefit the six hundred members of the cast have been working long and arduously. A Visiting Nurse Association has recently been formed in Rockville. Miss Wilkinson of the Hartford Association spoke at its first public meeting and an enthusiastic audience proceeded to elect officers and raise money on the spot with the result that the first year's work is practically assured.